



Kentucky Outlaw Truck and Tractor Pullers Association Inc KOTTPA 2020 Membership Form

General Membership

One Night Membership *(no points, no voting rights)*

Last Name:		First Name:		Date of Birth:	
Address:		City:		State:	Zip:
Home Number:		Cell Number:			
Social Security Number:		Jacket Size: S M L XL 2XL 3XL 4XL			

Vehicle Information

Vehicle Name:			
Additional Driver Name:			
Checks are to be issued to:			
<input type="checkbox"/> 4300 Mini Truck	<input type="checkbox"/> 5200 Pro Street 2WD	<input type="checkbox"/> 5800 Pro Stock 2WD	<input type="checkbox"/> 6200 Super Street 4WD
<input type="checkbox"/> 2.6/3.0 Pro Stock Diesel	<input type="checkbox"/> Limited Street Diesel	<input type="checkbox"/> 10,000 Hot Farm Tractor	

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and*
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been Notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and*
- 3. I am a U.S. citizen or other U.S. person*

Signature:	Date:
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Membership Dues

\$200 if paid by March 1 st and \$250 if paid after March 1 st	Amount Paid \$200 <input type="checkbox"/>	Amount Paid \$250 <input type="checkbox"/>
Please mail the completed membership form along with a check payable to KOTTPA to: Karla Turner 104 Rolling Hills Estates Glasgow, KY 42141		Secretary Use Only Date Received: _____